

SERFF Tracking #:	AENX-G128553620	State Tracking #:	Company Tracking #: AR061500100003
State:	Arkansas	Filing Company:	Aetna Life Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2012 HCR- Policy SBC (ALIC GR29/GR29N)		
Project Name/Number:	2012 HCR- Policy SBC (ALIC GR29/GR29N)/AR061500100003		

Filing at a Glance

Company: Aetna Life Insurance Company
 Product Name: 2012 HCR- Policy SBC (ALIC GR29/GR29N)
 State: Arkansas
 TOI: H16G Group Health - Major Medical
 Sub-TOI: H16G.001C Any Size Group - Other
 Filing Type: Form
 Date Submitted: 07/12/2012
 SERFF Tr Num: AENX-G128553620
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: AR061500100003

 Implementation: On Approval
 Date Requested:
 Author(s): SPI AetnaSPI
 Reviewer(s): Rosalind Minor (primary)
 Disposition Date: 07/16/2012
 Disposition Status: Approved-Closed
 Implementation Date:

 State Filing Description:

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Project Name/Number:	2012 HCR- Policy SBC (ALIC GR29/GR29N)/AR061500100003		

General Information

Project Name: 2012 HCR- Policy SBC (ALIC GR29/GR29N) Status of Filing in Domicile:
 Project Number: AR061500100003 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 07/16/2012
 State Status Changed: 07/16/2012 Deemer Date:
 Created By: SPI AetnaSPI Submitted By: SPI AetnaSPI
 Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms, Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

In response to the Federal Affordable Care Act (ACA) final rules concerning the "Summary of Benefits and Coverage (SBC)" document which were published on February 14, 2012 and the "FAQS About Affordable Care Implementation (Part VIII)" which were jointly issued by the Departments of Labor, Health and Human Services, and Treasury on March 19, 2012, Aetna is making changes to its group policies to include provisions which describe the Policyholder's responsibilities with regards to the SBC and Notices of Material Modifications.

Aetna is adding this language for the following two reasons:

1. As stated in the preamble to the final rules, "the Departments expect plans and issuers to make contractual arrangements for sending SBCs" (77 FR 8671, FN 10).
2. Under question number 5 of the FAQs, where a plan and issuer have entered into binding contractual arrangement regarding the distribution of the SBC by a party, either or both the plan and issuer will not be subject to any enforcement action provided, among other things, that "[t]he plan or issuer monitors performance under the contract".

Company and Contact

Filing Contact Information

Jessica Gaul, Project Manager gaulj@aetna.com
 151 Farmington Avenue 860-487-3988 [Phone]
 Mail Stop RW61 860-907-3546 [FAX]
 Hartford, CT 06156

Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name: Aetna	State ID Number:
(860) 273-7546 ext. [Phone]	FEIN Number: 06-6033492	

Filing Fees

SERFF Tracking #:	AENX-G128553620	State Tracking #:		Company Tracking #:	AR061500100003
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Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

Company	Amount	Date Processed	Transaction #
Aetna Life Insurance Company	\$150.00	07/12/2012	60845288

SERFF Tracking #:	AENX-G128553620	State Tracking #:		Company Tracking #:	AR061500100003
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/16/2012	07/16/2012

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Disposition

Disposition Date: 07/16/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	ALIC Group SBC Cover Letter	Approved-Closed	Yes
Supporting Document	EOV, GR-29 12471 ED. 5-12	Approved-Closed	Yes
Supporting Document	EOV, GR-29N 06-02 01	Approved-Closed	Yes
Supporting Document	EOV, GR-29N 08-02 01	Approved-Closed	Yes
Form	SBC Distribution, Certification, Indemnification	Approved-Closed	Yes
Form	SBC Distribution & Certification	Approved-Closed	Yes
Form	SBC Indemnification	Approved-Closed	Yes

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Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 07/16/2012	GR-29 12471 ED. 12	POLA	SBC Distribution, Certification, Indemnification	Initial:	0.000	AL GE GR2900012471 V001.PDF
2	Approved-Closed 07/16/2012	GR-29N 06-02 01	POLA	SBC Distribution & Certification	Initial:	0.000	AL GE GR29N000602 V001.PDF
3	Approved-Closed 07/16/2012	GR-29N 08-02 01	POLA	SBC Indemnification	Initial:	0.000	AL GE GR29N000802 V001.PDF

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

[Policyholder] and Insurance Company Matters (Continued)

[Schedule of Benefits and Coverage] and [Notices of Material Modifications] as required under Federal Law

Distribution of the [Summary of Benefits and Coverage and Notices of Material Modifications]

The [Policyholder] agrees to distribute and deliver to its [employees,] [and their dependents,] the [Summary of Benefits and Coverage and Notices of Material Modifications], as they apply, in accordance with the:

- delivery;
- timing; and
- trigger;

rules under federal law and regulation.

Certification of Compliance

The [Policyholder] agrees to certify to Aetna [on an annual basis], or upon Aetna's request, that the [Policyholder] has provided and will provide the [Summary of Benefits and Coverage and Notices of Material Modification], as they apply, to its [employees,] [and their dependents,] consistent with the delivery, timing and trigger rules under federal law and regulation. The [Policyholder] agrees to submit such certification related to its responsibilities for distribution of the [Summary of Benefits and Coverage and Notices of Material Modification] within [30-60 calendar days] of Aetna's request.

The [Policyholder] shall, upon Aetna's request and within [30-60 calendar days], submit information or proof to Aetna related to its responsibilities for distribution of the [Summary of Benefits and Coverage and Notices of Material Modification], in a form that Aetna will accept, that it continues to meet the rules related to the delivery, timing and triggers of the [Summary of Benefits and Coverage and Notices of Material Modification] rules, as they apply.

[Indemnification: *As relating to the [Summary of Benefits and Coverage and Notices of Material Modifications]; as required under Federal law.*

The [Policyholder] agrees to indemnify and hold Aetna harmless for Aetna's liability (as determined by either state or federal regulatory agencies; boards; or other governmental bodies) that was directly caused by the [Policyholder's]:

- negligence;
- breach of this Policy;
- breach of state or federal laws that apply; or
- willful misconduct;

and the act was related to, or arose out of, the [Policyholder's] obligation and role for the delivery of the [Summary of Benefits and Coverage and Notices of Material Modification], as they apply, to its [employees,] [and their dependents,] in accordance with the:

- delivery;
- timing; and
- trigger;

rules under federal law and regulation.]

SECTION 4. RESPONSIBILITIES OF THE [POLICYHOLDER] (CONTINUED)

The [Summary of Benefits and Coverage (SBC) and Notices of Material Modifications] (as required under Federal Law). The [Policyholder] agrees to the following:

Distribution of the [Summary of Benefits and Coverage and Notices of Material Modifications]

The [Policyholder] agrees to distribute and deliver to its [employees,] [and their dependents,] the [Summary of Benefits and Coverage and Notices of Material Modifications], as they apply, in accordance with the:

- Delivery;
- Timing; and
- Trigger;

rules under federal law and regulation.

Certification of Compliance

The [Policyholder] agrees to certify to Us [on an annual basis], or upon Our request, that the [Policyholder] has provided and will provide the [Summary of Benefits and Coverage and Notices of Material Modification], as they apply, to its [employees,] [and their dependents,] consistent with the delivery, timing and trigger rules under federal law and regulation. The [Policyholder] agrees to submit such certification related to its responsibilities for distribution of the [Summary of Benefits and Coverage and Notices of Material Modification] within [30-60 calendar days] of Our request.

The [Policyholder] shall, upon Our request and within [30-60 calendar days], submit information or proof to Aetna related to its responsibilities for distribution of the [Summary of Benefits and Coverage and Notices of Material Modification], in a form that We will accept, that it continues to meet the rules related to the delivery, timing and triggers of the [Summary of Benefits and Coverage and Notices of Material Modification] rules, as they apply.

SECTION 6. [INDEPENDENT CONTRACTOR RELATIONSHIPS]
INDEMNIFICATION

Indemnification: *As relating to the [Summary of Benefits and Coverage & Notices of Material Modifications]; as required under Federal law.*

The [Policyholder] agrees to indemnify and hold Us harmless for Our liability (as determined by either state or federal regulatory agencies; boards; or other governmental bodies) that was directly caused by the [Policyholder's]:

- Negligence;
- Breach of this Policy;
- Breach of state or federal laws that apply; or
- Willful misconduct;

and the act was related to, or arose out of, the [Policyholder's] obligation and role for the delivery of the *[Summary of Benefits and Coverage and Notices of Material Modification]*, as they apply, to its [employees,] [and their dependents,] in accordance with the:

- Delivery;
- Timing; and
- Trigger;

rules under federal law and regulation.

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	07/16/2012
Bypass Reason:	n/a		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	07/16/2012
Bypass Reason:	Not Applicable: The provisions in this filing are not supported by this checklist. Please see cover letter.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	07/16/2012
Comments:			
Attachment(s):			
AR_Read Cert.PDF			

		Item Status:	Status Date:
Satisfied - Item:	ALIC Group SBC Cover Letter	Approved-Closed	07/16/2012
Comments:			
Attachment(s):			
AR ALIC HCR Policy SBC CovLtr.PDF			

		Item Status:	Status Date:
Satisfied - Item:	EOV, GR-29 12471 ED. 5-12	Approved-Closed	07/16/2012
Comments:			
Attachment(s):			
AL GE EGR290012471 V001.PDF			

Item Status: **Status Date:**

SERFF Tracking #:	AENX-G128553620	State Tracking #:	Company Tracking #:	AR061500100003
State:	Arkansas	Filing Company:	Aetna Life Insurance Company	
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other			
Product Name:	2012 HCR- Policy SBC (ALIC GR29/GR29N)			
Project Name/Number:	2012 HCR- Policy SBC (ALIC GR29/GR29N)/AR061500100003			

Satisfied - Item:	EOV, GR-29N 06-02 01	Approved-Closed	07/16/2012
Comments:			
Attachment(s):			
AL GE EGR29N00602 V001.PDF			


		Item Status:	Status Date:
Satisfied - Item:	EOV, GR-29N 08-02 01	Approved-Closed	07/16/2012
Comments:			
Attachment(s):			
AL GE EGR29N00802 V001.PDF			

STATE OF ARKANSAS
CERTIFICATE OF READABILITY

Aetna Life Insurance Company NAIC 60054

This is to certify that the forms referenced below have achieved a Flesh Reading Ease Score as indicated below and comply with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258 cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>FORM NUMBER</u>	<u>SCORE</u>
GR-29N 06-02 01	26.7
GR-29N 08-02 01	31.5
GR-29 12471 01	27.5

Signature:  Date: July 12, 2012

Name: Jessica Gaul
Title: Product and Regulatory Approvals - Project Manager



Jessica Gaul

Product & Regulatory Approvals
Law and Regulatory Affairs
151 Farmington Ave., RW61
Hartford, CT. 06156-7330
Phone Number: (860) 487-3988
Fax Number: (860) 907-3546
E-mail: GaulJ@aetna.com

July 12, 2012

Insurance Commissioner Jay Bradford
Compliance – Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AK 72201-1904

Subject: **Aetna Life Insurance Company (Aetna) - NAIC No. 001-60054**
Group Accident & Health Insurance
Federal ACA Group Policy SBC & Notices of Material Modifications
Provisions-Grandfathered & Non-Grandfathered Plans
GR-29N Group Policy Form: GR-29N 06-02 01
GR-29N 08-02 01
GR-29 Group Policy Form: GR-29 12471 01

Dear Mr. Bradford:

The Group Policy forms listed above are being submitted electronically for your Department's review and approval on a general use basis. These forms are new and do not replace any previously filed forms. They are in final format rather than being drafts or proofs.

In response to the Federal Affordable Care Act (ACA) final rules concerning the "Summary of Benefits and Coverage (SBC)" document which were published on February 14, 2012 and the "FAQS About Affordable Care Implementation (Part VIII)" which were jointly issued by the Departments of Labor, Health and Human Services, and Treasury on March 19, 2012, Aetna is making changes to its group policies to include provisions which describe the Policyholder's responsibilities with regards to the SBC and Notices of Material Modifications.

Aetna is adding this language for the following two reasons:

1. As stated in the preamble to the final rules, "*the Departments expect plans and issuers to make contractual arrangements for sending SBCs*" (77 FR 8671, FN 10).
2. Under question number 5 of the FAQs, where a plan and issuer have entered into binding contractual arrangement regarding the distribution of the SBC by a party, either or both the plan and issuer will not be subject to any enforcement action provided, among other things, that "*[t]he plan or issuer monitors performance under the contract*".

The forms attached to this filing submission will be used for both grandfathered and non-grandfathered plans.

We intend to use the policy forms listed above with the:

- Wraparound Style Policy Form GR-29N that was approved by your Department on June 23, 2006.
- Wraparound Style Policy Form GR-29 that was approved by your Department on November 17, 1987.

PPACA Uniform Compliance Summary

A completed PPACA Uniform Compliance Summary has NOT been provided with this submission because the checklist does not support the items included within this forms filing.

Variability

Variability, as indicated by bracketed material on the forms, is required so that only the appropriate language may be reflected on the forms. Upon issuance, the placement of textual material may vary to avoid gaps that would otherwise be created by the deletion of bracketed material. Provisions may appear in sequence other than that shown. Connective words and phrases, which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of the group policy, may vary as the sense demands. Detailed Explanations of Variability have been included.

We request approval of the enclosed forms.

We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me at the above mailing address, telephone number or e-mail address.

Sincerely,



Jessica Gaul
Product & Regulatory Approvals

Enclosures

Aetna Life Insurance Company
Explanation of Variability

GR-29 Group Policy Form
12471
ED. 5-12

General Comments:

- Variability, as indicated by brackets surrounding variable text, is required so that only the appropriate information will be reflected based upon the plan of benefits or provisions selected by the Policyholder.
- The references to "policyholder" may be changed to "employer", "association", "plan sponsor", "contract holder", "participating employer", "member group" or another term of similar meaning as used in a policyholder's forms.
- The bracketed titles "*Summary of Benefits and Coverage*" and "*Notices of Material Modifications*" will change to the most current name of the forms.
- The references to "employees and dependents" may be changed to "subscriber", "enrollee", "member" or other term as applicable to the classification of covered persons under the policyholder's plan. When the terms "subscriber", "enrollee", "member" or another term is used, this language may be expanded to also mention "prospective" subscribers, enrollees, members, etc.
- The reference to "and their dependents" will be omitted if not applicable to a policyholder's plan.
- The applicable page number at the bottom will print.
- The bracketed designation [00000] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the postal abbreviation of your state may be added to identify that the form is state specific.

Schedule of Benefits and Coverage and Notices of Material Modifications, as required under Federal Law

1. This insert page will print in a group policy when the policyholder's plan includes medical and prescription drug coverage and the plan is subject to Federal PPACA requirements regarding the distribution of the Summary of Benefits and Coverage and Notices of Material Modification.

Certification of Compliance:

2. The certification may be required at intervals other than "on an annual basis" such as "every [2-24] months" or "upon receipt from Aetna of the materials required for distribution". In addition, "on an annual basis" may be changed to "every calendar year" or "every policy year".

Aetna Life Insurance Company
Explanation of Variability

GR-29 Group Policy Form
12471
ED. 5-12

3. When a maximum is shown in “days”, it may be changed to the equivalent months and vice versa.
4. The bracketed time period amount for submitting proof is stated in a range. The range reflects Aetna's standard requirement. However, in some instances, different amounts may print in a form issued to a policyholder but only if the amounts are more liberal to the policyholder. Please be assured that these more liberal amounts will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations.

Indemnification:

5. This provision is bracketed because it may not print in a policyholder's policy.

Aetna Life Insurance Company
Explanation of Variability

GR-29N Group Policy Form

06-02

01

General Comments

- Variability, as indicated by brackets surrounding variable text, is required so that only the appropriate information will be reflected.
- The bracketed titles "*Summary of Benefits and Coverage* and *Notices of Material Modifications*" will change to the most current name of the forms. The list may be expanded to include additional materials as required by the Federal Affordable Care Act (ACA).
- The references to "policyholder" may be changed to "employer", "association", "plan sponsor", "contract holder", "participating employer", "member group" or another term of similar meaning as used in a policyholder's forms.
- The references to "employees and dependents" may be changed to "subscriber", "enrollee", "member" or another term as applicable to the classification of covered persons under the policyholder's plan. The term "prospective" may be added.
- The references to "and their dependents" will print when dependents are covered under a policyholder's plan.
- The bracketed designation [00000] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the postal abbreviation of your state may be added to identify that the form is state specific.

The Summary of Benefits and Coverage & Notices of Material Modifications, as required under Federal Law

1. This form will print in a group policy when the policyholder's plan includes medical and/or prescription drug coverage and the policyholder's plan is subject to the Affordable Care Act (ACA) requirements surrounding "Summary of Benefits and Coverage" and "Notices of Material Modifications".

Certification of Compliance

2. The certification may be required at other intervals other than "on an annual basis" such as "every [2-24] months" or "upon receipt from US of the materials required for distribution". The maximum could also be shown as a "calendar year" or "policy year" instead of "on an annual basis".

Aetna Life Insurance Company
Explanation of Variability

GR-29N Group Policy Form
06-02
01

3. When a maximum is shown in “days”, it may be changed to the equivalent months and vice versa.
4. The bracketed time period amount for submitting proof is stated in a range. The range reflects Aetna's standard requirement. However, in some instances, different amounts may print in a form issued to a policyholder but only if the amounts are more liberal to the policyholder. Please be assured that these more liberal amounts will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations.

Aetna Life Insurance Company
Explanation of Variability

GR-29N Group Policy Form
08-02
01

General Comments

- Variability, as indicated by brackets surrounding variable text, is required so that only the appropriate information will be reflected.
- The bracketed titles "*Summary of Benefits and Coverage* and *Notices of Material Modifications*" will change to the most current name of the forms. The list may be expanded to include additional materials as required by the Federal Affordable Care Act (ACA).
- The references to "policyholder" may be changed to "employer", "association", "plan sponsor", "contract holder", "participating employer", "member group" or another term of similar meaning as used in a policyholder's forms.
- The bracketed designation [00000] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the postal abbreviation of your state may be added to identify that the form is state specific.

Indemnification: As relating to the Summary of Benefits and Coverage & Notices of Material Modifications, as required under Federal law.

1. This form will print in a group policy when the policyholder's plan includes medical and/or prescription drug coverage and the policyholder's plan is subject to the Affordable Care Act (ACA) requirements surrounding "Summary of Benefits and Coverage" and "Notices of Material Modification".
2. The heading "Independent Contractor Relationships" will change to the name currently used in a policyholder's group policy.
3. The references to "employees and dependents" may be changed to "subscriber", "enrollee", "member" or other term as applicable to the classification of covered persons under the policyholder's plan. When the terms "subscriber", "enrollee", "member" or another term is used, this language may be expanded to also mention "prospective" subscribers, enrollees, members, etc.
4. The reference to "and their dependents" will print when dependents are covered under a policyholder's plan.